

**United States Bankruptcy Court
Northern District of New York
All Divisions**

This Form Is To Be Used for Motion¹ Calendar Only.

Case Name: Judith R. Ross

Case No: 17-11222

Division: Albany

Adversary Proceeding No. (if applicable):

☐ Adjournment request² for Hearing on Motion at Docket No.: _____

Reason for Adjournment Request:

Original Return Date of Motion:

Number of prior adjournment request that have been made:

☒ Notification of Withdrawal of ☒ Motion; ☐ Opposition/Response; ☐ Other: _____
at Docket No: 30

☐ Notification of Settlement of Motion at Docket No: _____

Date of Hearing: 03/28/2019

Requested Adjourned Hearing Date:

Requesting Attorney's Name, Office Address, Phone and Email Address:

Andrea E. Celli, 7 Southwoods Blvd., Albany, NY 12211
(518)449-2043
court@ch13albany.com

Consent of All Parties Obtained? ☒ Yes ☐ No - *Absent compelling reasons, adjournments will not be granted without the consent of all parties.*

Cc: EDWIN M. ADESON, ESQ

This Form Must Be E-Filed Not Later Than 2 p.m. on the Day Prior to the Hearing. When E-Filing, This Form Must Be Linked to the Motion to Which the Request/Notification Pertains.

¹ See www.nynb.uscourts.gov for the form relative to motion dates.

² If your request is denied, you will be notified by Chambers.